

Details of Account Holders
*Please state under company as appropriate

Name of Account(s) KISHU N UTTAMCHANDANI & PRERNA VINOD UTTAMCHANDANI

Mailing Address:

Type of Account Individual Joint

Personal Information
Redacted

Name of Main Account Holder KISHU N UTTAMCHANDANI
(Please underline Surname)

Title Dr Mr Mrs Ms

Sex Male Female

Passport/Identity Card No. _____

Date of Birth _____

Nationality INDIAN

Residential Address:

Tel. (h) _____

(hp) _____

E-mail _____

Personal Information
Redacted

Occupation _____

Name of Company _____

Nature of Business _____

Office Address _____

Name of Joint Account Holder PRERNA VINOD UTTAMCHANDANI

Title Dr Mr Mrs Ms

Sex Male Female

Passport/Identity Card No. _____

Date of Birth _____

Nationality INDIAN

Residential Address:

Tel. (h) _____

(hp) _____

E-mail _____

Personal Information
Redacted

Occupation _____

Name of Company _____

Nature of Business _____

Office Address _____

Authorisation of Multiple Signatories

New Appointment Deletion Changes

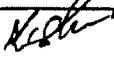
Start/Effective Date 04.09.08 day 4/10 month Sept year 2008

Name of Client KISHU N. UTTAMCHANDANI & PRERNA VINOD UTTAMCHANDANI
 Insert FULL legal name

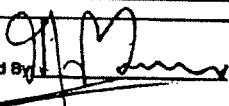
Part A – Approving Signatories (the "Account Holder(s)")

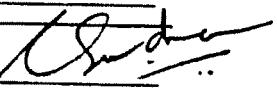
Important note: Please tick the box below if the Primary signatory and co-signatory are the same person.

Please tick one Any one to sign Any two to sign All to sign Other (Insert details below)
 If you tick "Other", describe the alternative method of operation in the Special Instructions area below.

Primary Account Holder Specimen Signature 	Specimen Signature 
Name <u>KISHU N UTTAMCHANDANI</u> Title <u>MR.</u> ID <u>INDIAN PASSPORT</u> Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____	Name <u>PRERNA VINOD UTTAMCHANDANI</u> Title <u>MRS.</u> ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____
Specimen Signature	Specimen Signature
Name _____ Title _____ ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____	Name _____ Title _____ ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____
Special Instructions _____	

Bank Use Only
 Client Unique Identifier

Verified By 

Approved By 

V3 01.07.2008 ***017

Authorisation Form for the Appointment of Authorized Signatories

1.6

Preeti A. Bhosle
Manager
Standard Chartered Private Bank
DIFC, Dubai
Bank ID 1291471

Sunita K. Bhosle
Senior Manager
Standard Chartered Private Bank
DIFC, Dubai
Bank ID 1291369

Types of Services Available

The following services or accommodation will only be made available to me/us if I/we have specifically subscribed for them:

General Banking

Current Account
Call Deposit
Time Deposit
Fiduciary Investment
Deposit Currency Conversion

Investment

Security Advisory Service
Custodian Service
Securities Lending
Strategic Investments
Precious Metals
Discretionary Portfolio Management

Foreign Exchange & Derivatives

Spot Foreign Exchange
Forward Foreign Exchange
Foreign Exchange, Metal & Option Trading
Foreign Exchange Options

Credit Services

Loans and Advances
Share Margin Trading
Other Credit Services

New Products and Services

The Bank shall have the right to introduce and provide new services and investment products from time to time. The terms and conditions governing such services shall be notified in writing to the Customer. Failure to receive any such notifications, as a result of hold mail instructions or otherwise, shall not invalidate them.

Phone Banking and Internet Banking

Where applicable, personal identification numbers for phone and Electronic Banking Services ("Security Codes" as more fully defined in the Bank's Electronic Banking Terms and Conditions) will be dispatched to me/us at my/our own risk. I/we are aware that I/we may on my/our own change my/our Security Codes and undertake to keep the Security Codes strictly confidential. I/we will immediately change the relevant Security Code if any one of them becomes known to any other person.

I/we accept full responsibility and agree to be liable for all Transactions made using my/our Security Codes whether or not made with my/our knowledge or authority. I/we agree to waive all rights and remedies against the Bank in respect of all losses, damages and claims howsoever caused arising from or relating to the provision of phone and Electronic Banking Services (whether as a result of (a) unauthorised use of Security Codes, (b) error, defect, failure or interruption in the provision of the service, (c) acts, omissions, negligence or non-compliance with instructions on the part of the Bank or any other reasons).

Investment Opportunity

I/we request the Bank to contact me/us in relation to any investment opportunity that the Bank considers may be of interest to me/us, but I/we acknowledge that the Bank shall not be obliged to do so.

Signed by Account Holder(s)

(1) Kishu N. Uttamchandani Name KISHU N. UTTAMCHANDANI
(2) Prerna Vinod Uttamchandani Name PRERNA VINOD UTTAMCHANDANI
(3) _____ Name _____
(4) _____ Name _____

(For individual or joint accounts, all account holders must sign. For sole proprietorships, the sole proprietor must sign.)

Date 04.09.2008